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AN ESSAY ON THE DISEASES OF THE HEART, CONTAINING A NEW
HYPOTHESIS BY WHICH THE PHYSICAL SIGNS ARE EXPLAINED.

BY CHARLES HOOKER, M.D.

[Communicated for the Boston Medical and Surgical Journal.—Continued from p. 14.]

3. *Signs and Diagnosis of Acute Pericarditis and Carditis.*

(A) *General Symptoms.*—THE general symptoms of *acute pericarditis*, as described by Dr. Hope, are as follows: "Acute inflammatory fever; a pungent, burning, lancinating pain in the region of the heart, shooting to the left scapula, shoulder and upper arm, but rarely descending below the elbow, or even quite to it. The pain is increased by full inspiration, by stretching the left side, and especially by pressure between the precordial ribs, and forcing the epigastrium upwards underneath the left hypochondrium. When the inflammation is only sub-acute, the pain is more or less dull, and does not lancinate. The next symptoms are inability of lying on the left side, and sometimes in any position but one, which is most commonly on the back; dry cough; hurried respiration; palpitation of the heart, the impulse of which is sometimes violent, bounding and regular, though its beats may at the same time be unequal in strength; at other times it is feeble, fluttering and irregular; pulse always frequent, and generally, at the onset, full, hard, jerking, and often with a thrill. Sometimes it maintains these characters throughout, but more commonly it becomes, after a few days, weaker than accords with the strength of the heart's action, and in the worst cases small, feeble, intermittent, irregular and unequal. Occasionally it possesses the latter characters from the commencement; whenever they exist they are accompanied by dyspnoea; a constrained position, deviation from which induces a feeling of suffocation; extreme anxiety; a peculiar drawn or contracted appearance of the features, occasionally with the sardonic grin; faintness, constant jactitation, insupportable distress and alarm, cold perspiration, and, finally, from obstruction of the circulation, by intumescence and lividity of the face and extremities." (Hope's Treatise, p. 98.) These symptoms are substantially the same as are detailed by M. Louis, Dr. Elliotson and other recent writers on pericarditis.

Whether there are any general symptoms which are diagnostic of *inflammation of the muscular substance* or of the *lining membrane* of the heart, is doubtful. Certainly those writers who have treated of these affections in separate divisions, and described the anatomical characters with extreme minuteness, have entirely failed in attempting to give the diagnostic symptoms of the different affections—or rather they have

scarcely made such an attempt. The above detailed symptoms, therefore, I regard as the *general symptoms of inflammation of the heart and the pericardium*—the inflammation being considered as ordinarily common to the different parts of the heart and its envelopes. Doubtless a varied intensity of the inflammation, in different parts of the heart or pericardium, will occasion particular modifications in the symptoms; and I have little doubt that some of the signs which are usually regarded as diagnostic of pericarditis (particularly the bellows-murmur heard during the ventricular contraction) are produced by disorder of the interior of the heart.

Another symptom I have commonly observed in cases of inflammation of the heart and pericardium, which, though not peculiar to this affection, will frequently aid our diagnosis—that is, a remarkable variation in the pulse and the action of the heart, produced by slight bodily exertion or mental excitement. In some cases, when in a state of quietude the pulse is regular and beating not more than 80 in a minute, the slightest exercise increases the frequency to 130 or 140—the action of the heart at the same time becoming irregular, intermittent, fluttering, unequal and jerking.

A sufficient number of these symptoms is ordinarily present to afford a satisfactory general diagnosis; but there is no one symptom, perhaps, which is a constant character of the disease, and the intensity of the several symptoms is various in different cases. Dr. Elliotson says he “would particularly lay stress upon the extension of the pain from the region of the heart to the scapula, shoulder, and a certain way down the arm—symptoms which patients will not always mention unless questioned respecting them; and its increase on strong pressure upon or between the ribs and cartilages over the heart, and upwards under the cartilages of the left false ribs.” In many cases, however, these symptoms are altogether absent. The extreme mental anxiety which is characteristic of this affection, I have found one of the most constant symptoms.

Dr. Hope attributes the variations in the strength and regularity of the heart's action principally to the quantity of liquid within the cavity of the pericardium. When the effusion is inconsiderable, he thinks the motion of the heart is ordinarily unembarrassed; but if the effusion is copious, it occasions a compression of this organ, which consequently “flutters, intermits, beats feebly, irregularly, and unequally. The pulse has corresponding characters, and is sometimes scarcely perceptible.” These are undoubtedly the common results of a copious effusion; but I have found six gills of liquid in the pericardium, when the pulse had been perfectly regular and of considerable strength, almost to the last moments of life. Dr. Hope also says that he has “found the worst class of symptoms occasioned by a less quantity of fluid in some cases than in others—a difference which probably depends, in some cases, on diversities in the nervous irritability;” in other cases he suspects that it depends on a complication of pericarditis with carditis—“for,” he says, “when the affection has been thus complicated, I have known the feeble, fluttering action of the heart, and all its concomitant train of unfavorable symptoms occur, though the effusion within the pericardium was inconsiderable.”

It might be presumed that this irregular action of the heart would more commonly occur when the inflammation involves the muscular substance, and especially the columnæ carneæ and the valves, than when it is confined to the pericardium.

Much of this diversity of symptoms, I think, depends also upon the different *kinds* or *types* of inflammation—circumstances which in inflamed parts apparent to the eye, certainly occasion great diversities in the degrees of swelling, pain, soreness, constitutional irritation and other symptoms; and which might be expected to occasion similar diversities in inflammation of internal parts. This subject, however, will be more particularly noticed under the treatment of this affection.

The duration and progress of the symptoms are various in different cases. Some cases come to a fatal termination within a few hours from the attack; while in other cases the acute symptoms continue for several days and even weeks. If the disease is not arrested in its first stages, a considerable quantity of concrete lymph is commonly formed, which in many cases occasions more or less adhesion of the pericardium. This state of the parts, however, frequently produces no considerable inconvenience, or any prominent symptoms, even when there is a universal adhesion of the pericardium. If any derangement of the internal parts of the heart takes place, such as contraction of the orifices or a thickening of the valves, it frequently occasions, even through life, an irregular, intermitting pulse, and sometimes lays a foundation for ossification, hypertrophy or dilatation.

The statements of many writers would appear to authorize the conclusion, that these chronic organic derangements of the pericardium and heart are incurable, and necessarily produce an increasing train of unfavorable symptoms, which sooner or later prove fatal. This conclusion is not only dismally unconsoling to the unfortunate subjects of these affections, but certainly untrue. I recently examined the body of a man affected with a great deposition of organized lymph around the heart, and a universal adhesion of the pericardium, occasioned by a severe pericarditis consequent to great exertion and exposure to cold thirteen years previous. During the whole of this period the affection occasioned some unpleasant symptoms; these symptoms, however, did not continue to increase, and he died of a disease not connected with this chronic affection. A distinguished medical friend, also, now nearly sixty years of age, who is affected with an irregular, intermitting pulse, and other symptoms, consequent to derangement of the cardiac valves produced by a severe rheumatic carditis fifteen years since, informs me that his symptoms are much less troublesome now than formerly, and are continually decreasing. Indeed, several cases have come under my observation, as will be hereafter stated, which afford the clearest proof that even ossifications sometimes take place and afterwards disappear.

(B) *Physical Signs.*—*The signs afforded by Percussion* in this disease depend upon the effusion of liquid into the pericardium—of course they are not observed in the first stage of the disease, before effusion takes place. M. Louis and M. Piorry think that an increased extent of the dull sound is perceptible when only a few ounces of the liquid are

effused; but to perceive this requires a dexterity in percussion that few can expect to attain. When the effusion amounts to one or two pints, this sign is very obvious. It is to be remembered that an increased extent of dullness may be occasioned also by dilatation and hypertrophy of the heart; but the general symptoms, and the signs afforded by auscultation, in those affections, will commonly furnish distinctive characters. The relative situation of the heart with the lungs, the pleura, the liver, the stomach, the intestines, the spleen and the diaphragm, should also be remembered. In a healthy condition of the parts only a small portion of the pericardium touches the thoracic parietes, the greater portion of it being covered anteriorly by the thin margins of the lungs, the extent of which can be estimated by careful percussion. But if these portions of the lungs are solidified by hepatization, tubercles, or from any other cause, the signs of percussion are equivocal. Pleuritic effusion also may occasion extensive dullness; but this may commonly be distinguished by percussing the chest in different postures, as the lung floats on the surface of the liquid and affords a clear resonance about the most elevated portion of the chest. The same effect is produced by enlargement of the liver or spleen, in which cases the symptoms of disease of these viscera are to be considered. The stomach and intestines occasion variations of resonance, according as they are free from distension, or are distended with liquid or air. Much distension of these parts, as well as an enlarged liver or spleen, sometimes crowds the heart upwards considerably out of its natural position.

Auscultation commonly discovers some irregularity in the motions of the heart, with an impulse abrupt, jerking, and ordinarily strong—especially in the first stages of the disease. Both sounds in most cases are unusually quick and sharp, and in some instances the first sound is attended with a bellows-murmur. In the advanced stages this murmur sometimes, though rarely, attends also the second sound. “The impulse,” Dr. Hope observes, “is undulatory, and not exactly coincident with the first sound.” The distinction, which I have explained (Vol. IX. pp. 294—300), between the *vibratory succussion* and the *heaving motion* of the impulse, is obviously perceptible—the vibratory succussion with the first sound occurring first, and succeeded by the heaving motion, giving to the ear a sensation of a double or “undulatory” impulse. Another sign, which I have observed and regarded as of considerable importance, is the occurrence of a *vibratory succussion attending the second sound*. Ordinarily this second vibratory succussion is scarcely perceptible, but in this disease it is sometimes nearly as distinct as that attending the first sound. M. Louis states that he has sometimes observed a prominence of the cardiac region produced by effusion within the pericardium—an occurrence which Dr. Hope thinks is most likely to take place “in young subjects in whom the cartilages are soft.”

These signs may be thus explained. The abrupt, jerking action of the heart is undoubtedly occasioned by a preternatural irritability of the organ, and the motions are the more perceptible because the liquid effusion within the pericardium affords a dense conducting medium between the heart and the ear. The bellows-murmur attending the first sound in

the early stages of the disease, I apprehend is commonly owing to irritability of the heart, particularly of the columnæ carneæ, and a consequent irregular action, which prevents a perfect closure of the auriculo-ventricular valves, and thus occasions a regurgitation during the ventricular contraction. In the more advanced stages, this murmur may be owing, in part at least, to a thickening of the valves, or some structural derangement about the orifices, admitting of regurgitation; and a similar derangement of the arterial valves or orifices, is probably the ordinary cause of the murmur which sometimes attends the second sound. This subject of *murmur from regurgitation* has been considered (Vol. IX. pp. 359—363), and, as before remarked, I am inclined to think its occurrence more common than authors appear to have supposed.

Dr. Hope, with most recent authors, attributes the murmur attending the first sound, "mainly at least, to the increased velocity with which the blood is propelled in consequence of the morbidly abrupt contraction of the heart;" and, in some instances, partly to "another cause—namely, constriction of the arterial orifices consequent on inflammation of the lining membrane." (Hope's Treatise, p. 112.) "The murmur accompanying the second sound," Dr. Hope says, "I am inclined to attribute perhaps entirely to the same constriction, affecting the auriculo-ventricular orifices." These circumstances, which must obviously occasion an increased friction in the natural course of the blood, undoubtedly sometimes cause a murmur; but I believe that structural or functional derangement of the valves, admitting of regurgitation, is a much more common cause. Dr. Hope justly observes (p. 59), that "a slight patescence of the mitral or tricuspid valve occasions, by regurgitation, a louder sound than might be anticipated from the smallness of the aperture;" and (p. 61) that "a slight patescence of the valve, admitting of regurgitation, may result from a structural lesion not sufficient to present an obstacle to the blood flowing in its natural direction from the auricle into the ventricle—as that, for instance, from a contraction of the chordæ tendineæ, preventing the margins of the valves from coming in perfect apposition." A similar result may be produced by a turgescence or relaxation of the inflamed valves; and also by an irritative spasmodic action of the columnæ carneæ, which might be expected to occur in inflammation of these parts.

From these views it would appear that the occurrence of the bellows-murmur, in inflammation of the pericardium and heart, affords indication of the existence of inflammation, or irritation, about the interior of the heart; and if the murmur continues after the violent symptoms abate, and the action of the heart becomes tranquil, it may be presumed that a structural derangement of the valves or orifices has taken place.

The "undulatory impulse" accompanying the ventricular systole is occasioned by the liquid effusion within the pericardium. In health, the auriculo-ventricular valves (to which I attribute the clack of the first sound and the accompanying vibratory succussion) close at the moment the apex of the heart impinges against the ribs; and hence the heaving motion of the impulse, the first vibratory succussion and the first sound are simultaneous. But in case of liquid effusion within the pericardium,

the left. The presentation found to be natural, and the head, pressing firmly upon the stricture, produced almost unceasing pain.

After about one hour's delay, finding no progress in the travail nor any considerable dilatation of the vaginal stricture, with a scalpel guarded to near its point, and directed by the forefinger of the left hand, I divided the cicatrix posteriorly. This I effected with less difficulty on my part, and much less pain to my patient, than I anticipated. She was now left for one hour to the efforts of nature without any examination, the pains continuing frequent and strong. I found, on inquiry, a considerable dilatation of the stricture, and generally a more relaxed state of the parts. Passing my finger about one inch beyond the divided cicatrix, and laterally towards the right side, I met with a new difficulty, a cicatrix extending from this side about three inches in length, diagonally towards the sacrum. In the absence of pain, it was something lax; yet during pain, it resembled to the touch firm tendon, and formed an obstruction resembling the arc of one fourth of a circle. Hoping that the natural effort might overcome this difficulty, two hours more were given for this purpose; but waiting proved unavailing. With a blunt-pointed bistoury, guarded except about half an inch, and directed as before, I divided this tendinous obstruction. This I did while a pain lasted, judging it hazardous, if not impossible, to do it with safety at any other time. For an hour the progress now seemed favorable, until arrested by a stricture immediately under the arch of the pubis. I now divided this without any difficulty, which removed, so far as local cicatrization occurred, every obstruction to a speedy delivery.

About this time the expulsive effort nearly subsided, and great and continued restlessness supervened. I directed infusion of ergot in tablespoonful doses every ten minutes; in thirty minutes the pains were forcible and frequent. About one hour elapsed from the time of giving the ergot, and no further progress appearing to take place, the forceps were resolved upon. Having a pair of English ones of medium length, and very narrow blades (at least compared with many I have seen), I succeeded without any difficulty in introducing and fixing them. This done, with the assistance of the natural pains, in about fifteen minutes I succeeded in delivering her of a full-grown child, weighing about nine pounds. The child was dead; not from ergotism, as I judge, for it was pearly white; neither from the use of the forceps, for they left not the least mark. I impute the death in this case to long-continued and violent pressure upon the head, by the parturient effort while passing the vaginal strait, rendered doubly hazardous by the general rigidity and local cicatrices.

Mrs. H. is now, twelve days since delivery, very comfortable. Should she again be pregnant, or anything interesting come to my knowledge relating to her peculiar situation, it shall be communicated.

July, 1834.

P. S. Any information relative to the treatment of similar cases, or any suggestions relative to the cause of the death of the foetus, or to the management of this case, tending to the greater safety of the mother or child, will be thankfully received.

C. J.

HOMŒOPATHY, OR THE DOCTRINE OF HAHNEMANN.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR.—The following remarks, on a new species of medical delusion which has appeared in the world, are extracted from a letter which I have recently received from a favorite correspondent and distinguished professional writer, who is familiar with the topic of which he treats. That Hahnemann's doctrine should make many proselytes in our profession, is what on the whole might be expected to one well acquainted with human nature. In the first place, it has novelty—a most captivating quality. It is announced to the world with an air of the most matchless confidence and dogmatical assertion—a manner which seldom fails to impose upon the credulous and wonder-loving of our profession. It lays claim to infallibility—a very desirable thing. It has the appearance of paradox—an attraction almost irresistible to a multitude of minds. It is simple—as simple as Major Downing's churn—and so easy that a child or simpleton is adequate to its practical management. Thus study is saved, thought spared, painful and protracted observation dispensed with, responsibility in the treatment of disease thrown off, and the practice of physic becomes as delightful to an indolent and obtuse mind as it has hitherto been laborious and intolerable. Hahnemann seems to me to be one of the fire-kings and rope-dancers of our profession, who by his bold and extravagant feats, his eccentric movements, his strange attitudes, and airs of defiance, has drawn after him a mob of gaping, wondering admirers and imitators—the lovers of the marvellous, the fantastical, the contradictory and the impossible.

BETA.

“To his (Hahnemann's) proselytes, the saying of the fanatic, *credo quia impossibile est*, may with strict justice be applied. Had we not often seen, that there is scarcely an absurdity so gross as not to impose on some persons, and if zealously maintained, not to lack of party adherents, it would have been incredible that Hahnemann could have raised a medical faction in his favor, in the present enlightened and philosophic age. Homœopathy, or the theory that disease may be often cured by remedies which are liable to produce a similar disease, or similar symptoms, in health, is not new. Diarrhœa is frequently cured by cathartics; and nausea and emesis are occasionally removed by artificial vomiting. However, as these processes very often *coincide*, though they sometimes *counteract*, this is far from being a *universal* law, and it is probably not even a *general* rule. But, though homœopathy is carried by Hahnemann to a whimsical extreme, it is not in this part of his doctrine that we meet with the gross absurdity of his system. For all practical purposes, he uses no medicine at all, that is, none which can have the least *appreciable effect*, but relies entirely upon a peculiar course of diet and regimen—in general, not a bad one, though it is somewhat whimsical—and amusing and deceiving his patients (and possibly himself too) by administering his medicinal remedies in infinitesimally small doses. For instance, *belladonna* is a favorite article of him and his followers in scarlatina. He dilutes a drop of the expressed juice of the plant, so that he rarely gives

a thousandth part of it at a dose ! Indeed, he often diminishes it to the millionth, and even the decillionth part of a drop !!! He is even particular in the number of times he *shakes* the vial containing the solution, considering that every additional *shake* gives a greater intensity to the effect of the article !!!* If we can extend our charity so far as to suppose Hahnemann and his adherents to be honest—and I believe most of them flatter themselves that they are—they must be insane upon this point, however sound their minds may be on all other subjects. They seem to forget that, in animate as well as inanimate nature, there is a certain *inertia*, which requires a given force, or no appreciable effect at all is produced. They seem to suppose, that since a hundred horse power might draw a small church from its foundations—a one horse power would move it a *little*. The truth is, a one horse power will not *start* it at all. We every day are liable to take infinitesimally small portions of copper, arsenic, prussic acid, various narcotics, and other poisons, without any effect, in theory or practice. We do not take enough to *start* any part of the system, to begin to produce an effect. The homœopaths compare their practice to the action of minute doses of miasm or of contagious virus, which are often followed by the most powerful effects. But, in these instances, they are deceived by a false analogy. Virus, miasm, &c. are supposed to act in a manner somewhat analogous to a ferment, proceeding gradually to produce their like, till the whole mass, or a considerable part of it, becomes similar to the ferment ; that is, they multiply, or generate the same virus, miasm, &c. They do *move* some part or the whole system. But a millionth part of a grain of opium, or belladonna, or conium, does not, to all appearance, make the least impression, except on the imagination. It does not multiply, or generate its like.

“ Mankind have always been trying to make a ‘ royal road ’ to health, in order to free themselves from all care and responsibility, in treating disease. In the present case, I understand, there is a considerable number of physicians in Philadelphia and New York, that have adopted the principles and practice of Hahnemann. Whether their doctrine ought to be opposed publicly, I do not know. Its advocates would doubtless be pleased to be attacked, as it would give them notoriety. They have, however, in some places, one circumstance strongly in their favor ; they never do much positive injury. The consequence is, that where indiscriminate routine is fashionable, many more patients recover under their imbecile treatment, than under indiscriminate Broussaisism, or any kind of indiscriminate depletion and reduction, especially in atonic diseases. Their practice, as absurd as it is, cannot be considered so injurious as many other species of routine. I believe it is true, in some of our large cities, that more cases of scarlatina and other typhoid diseases recover under the homœopaths, than under some more fashionable modes of management.

“ I cannot, however, see the least necessary connection between homœopathy and infinitesimal medicine ; nor do I know how Hahnemann

* “ I had heard of the importance which Hahnemann gives to *shakes*, but did not believe the story until I read it in the ‘ organon.’ This circumstance is decisive as to his sanity or his honesty, and that of his followers. Whether they are dupes of their own imposition, it is difficult to say.”

came to blend them together. After all, there is a great deal in the *Organon* which is true. It contains, for instance, many just remarks upon fashionable practice. The difficulty is, that though Hahnemann combats some real evils, he proposes a remedy equally, if not more, absurd, to adopt which, it is required that a man lose his senses. He attempts to cast out Satan by Beelzebub, the prince of devils.

"To conclude—the more I learn of Hahnemann, the more absurd he appears, and the more infatuated his followers seem to be. If they are sincere, they are medical fanatics or monomaniacs. They are also, many of them, with their leader, adepts in animal magnetism, and other means of working upon a credulous imagination.

"A panacea, or universal remedy, when given in efficient quantities, is an idea far less shocking to common sense, than an active remedy in so small a dose as demonstrably to have no effect at all except on the imagination."

DISPLACEMENT OF THE HEART BY DISEASE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—A few years since, the mate of a vessel which had just arrived from a tropical voyage, was so unwell, having been unable to be on duty for several weeks, that he was persuaded to go on shore and take the advice of a physician. The master believed the patient would recover under the influence of good nursing; an obstinate cough, induced, it was suggested, by keeping on deck, only requiring to be overcome to restore the mate to his usual state of health.

The patient took but little medicine, as there seemed to him to be no necessity for it, although it was discovered that the feet were becoming considerably swollen, one week after being on shore. The pulsations at the wrist were feeble and wirey—the evacuations regular—the cough manageable, and a hope was indulged that in a few weeks he would be in a condition to re-join the vessel. In the midst of these anticipations, however, he began to experience a difficulty of breathing in a recumbent posture, once in three or four nights—to use his own expression—and he felt, on being suddenly awakened by this new sensation, as though struggling for breath under water. In making preparation for blistering the chest, it was discovered that no pulsation of the heart could be felt at the usual place on the left side. Without any material change, he remained quite comfortable several weeks. The cough being no longer troublesome, and the suffocating paroxysms being supposed subdued, very constant attendance was neither solicited nor considered necessary.

Another severely ill turn in the night, five weeks from the time of landing in Boston, at the moment it was considered by those about him that he was nearly well, demanded medical aid. He was sitting on the side of the bed in an open apartment, gasping for breath, and inhaling air with extreme difficulty, as though a ligature had been fixed upon the bronchial pipes, low down in the thorax. The heart was throbbing fu-

riously on the *right side of the chest*, at the junction of the ribs and cartilages. He remarked that if a hammock could be procured, as he had been accustomed all his life to sleeping on one, he could lie down and perhaps get a little rest, as he felt exceedingly exhausted by the efforts he had been making to inflate the lungs.

Having taken a small quantity of ather, he was partially relieved, and felt the "*boling* give way." When the hammock was ready, he walked across the room to where it was suspended, and in the act of settling down into it, instantly expired. The next morning an examination of the body was made, which presented the following appearances:—

On passing the scalpel into the cavity of the chest, with reference to raising the sternum, a stream of greenish, ropy fluid rushed through the orifice with prodigious force, unaccompanied by fœtor. After the matter ceased flowing, the position of the body was altered, to favor the escape of more. In this way the quantity of five quarts was collected. When the sternum was turned back, nearly another quart was dipped with a spoon out of the left cavity—in which there was not discoverable the least vestige of a lung. Very high in the apex of the thorax, there was a rough sort of fleshy knob, the remains of the bronchial apparatus, but too securely sealed to allow the passage of air. The lining membrane, over its entire surface, was covered with a rough, granular coat, of the color of the fluid with which it had been in contact, and the pleura was moreover considerably thickened towards the diaphragm.

The heart appeared to have been pushed by the accumulation, where there was the least resistance—the whole organ, as it were, being twisted in such a manner as to carry the apex cordis into the apartment of the right lung, the natural functions of which were interrupted by actual mechanical pressure. The heart was large, and covered by a heavy coating of fat. The left portion of the diaphragm, which was the base on which the fluid rested, was considerably thickened, a plan which nature adopts in all similar circumstances in defending the contiguous organs below. It occurs to the writer, that the patient once said, when he had the hard breathing turns, that he felt a heavy weight just under the edge of the ribs. Under the exhaustion produced by imperfect respiration, the muscular tissue of the diaphragm was probably considerably relaxed, which would explain in some measure the sensation to which he referred.

With regard to the other organs, nothing unusual was discoverable. Notwithstanding a careful inquiry of the crew, no clue could be found to the origin of this extraordinary and rapid disease—resulting in the total destruction of the entire lung. It was also singular that no train of symptoms was manifested which indicated even the character of the malady, till within a few days of its final termination.

S.

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PAXTON'S ANATOMY.

A SECOND volume of the American edition of this excellent work has just been published by Allen & Ticknor, of this city. Dr. Lewis has made a careful revision of the London copy, and interwoven his own observations with the original text. As a whole, PAXTON'S INTRODUCTION TO THE STUDY OF HUMAN ANATOMY, with Dr. Lewis's additions, may be regarded as the best elementary system of anatomy extant. To medical students, we consider it indispensable in the lecture room, as the plates are remarkably exact, and therefore particularly useful in following the demonstrations from day to day. Those who once make the work a guide in intricate dissections, will ever after appreciate its value. We really make it a matter of conscience to recommend Paxton's Anatomy.

INDIA RUBBER BATHING TUBS.

SINCE the India Rubber Company commenced the manufacture of articles of dress, at their establishment in Roxbury, there is scarcely a domestic convenience that has not been successfully made. Life-preservers, beds and overcoats, seem to be only a small part of the business—even bathing tubs, which have usually been of wood, metal or stone, are now sold at a price so reasonable, that every man in common circumstances might afford to keep an apparatus so conducive to health. They are, moreover, so light—so truly portable, that a tub might be constructed for packing in a small traveling trunk, though capable of holding several barrels of water.

Beside recommending this valuable article for the nursery, in preference to any other kind now in use, on account of the ease with which it may be moved from one apartment to another, all vessels on voyages to tropical climates should be provided with it. Frequent baths are among the surest means of maintaining a healthful condition of the body, in approaching tropical regions; but as there is both inconvenience and danger in plunging into the ocean, these objections might be obviated by the India rubber bathing apparatus, and all the advantages gained.

Salicine as a Febrifuge.—This new medicine, proposed in France by M. Leroux, in Germany by Buchner, in Italy by Rigatelli, has already been the subject of many experiments in the Parisian Hospitals. M. Andral at la Pitié, M. Bally at Hôtel Dieu, M. Chomel at la Charité, have given it particular attention. Dr. G. Richelot, in an essay on the febrifuge properties of salicine, in the *Archives Générales de Médecine*, for September, 1833, draws the following conclusions from an examination of the results of the practice of these physicians and several authors besides.

1. Salicine appears to possess febrifuge properties. But these proper-

ties are of little energy and are not comparable with those of sulphate of quinine.

2. Salicine may be given with advantage in cases where quinine would fail, in cases where abdominal irritation contra-indicates the use of sulphate of quinine, and particularly in hectic fevers attended with diarrhœa.

3. The most convenient dose is from six to eight grains given in the pyrexia. The dose may afterwards be gradually augmented with care. This mode of administration seems preferable to resorting at first to very large doses.

Herpes of the Face cured, by DR. BAUMBACH.—Madame W— had been affected for thirteen years with an obstinate herpetic eruption of the face, which rebelled against all treatment. Dr. Baumbach confined her, for four weeks, to a diet consisting merely of four ounces of bread, an ounce and a half of groats, and a pint of milk daily. This, together with a saline and alkaline bath, and the use of guaiacum, effected a perfect cure.—*Journal für Praktische Heilkunde*.

Neuralgia of the Face cured by warm Water.—In Hufeland's Journal for September, there are three cases of neuralgia of the face reported, which were cured by the application of compresses, dipped in hot water, to the part. The disease had been of long standing, and had been perseveringly submitted to treatment by narcotics, the carbonate of iron and various other remedies, without any permanent benefit. In one case, a small stream of cold water was allowed to fall upon the part from the pipe of a common syringe, but the sufferings of the patient were exasperated. This induced Dr. Mombert to resort to the application of hot water, which he employed by means of compresses, and the relief was instantaneous. In another case the warm water did not effect a perfect cure, but it produced so great a mitigation of the malady, that a cure was afterwards accomplished by the use of the sulphur bath.

Case in which Coffee acted as an Anodyne.—A female, aged 43, who suffered much from hysteria and a gouty diathesis, could not obtain sleep from any remedy to which she resorted, not even from opium in very large doses. Coffee, however, always had the desired effect in putting her to sleep. This peculiarity of idiosyncrasy only continued for one year, at the end of which time her system became so far changed, that she was affected by opium in the manner that it influences other individuals.—*Strohmayer's Medicinisch Praktische Darstellung*.

Dr. Strohmayer also remarks, that he was acquainted with the daughter of a Burger, with whom opium always acted as a cathartic; and the wife of an officer, with whom coffee acted as an emetic.—*Ibid*.

Case of Perversion of Appetite.—An officer affected with phthisis presented a singular perversion of appetite and of the digestive function. He subsisted, even when greatly emaciated, upon snails, the toughest beef, and hard dry bread, made of corn meal, all of which he eat with peculiar relish, and in great quantity, while the most digestible articles, as fowls, veal, &c. and fruit either fresh or cooked, always occasioned great oppression and violent spasm of the stomach.—*Ibid*.

Cholera.—In New York the amplest accommodations have been provided, by the city authorities, for cholera patients. Rutgers College, in Duane Street, has been fitted up as a hospital, under the superintendence of Michael R. Walsh and Drs. Ferris and Griswold.—The Board of Health reported on Thursday, the 14th inst. 11 deaths by cholera and 24 new cases, in the city generally and at the hospital.—On the 15th, 23 cases and 9 deaths, 4 of which deaths were of the cases reported on the 14th.—On the 16th, 26 cases and 16 deaths, of which 4 were of the cases before reported.

In Albany there were 15 cases and 3 deaths reported on the 15th.

In Cincinnati the disease has much abated, there having been but 13 deaths by it, during the week ending the 6th.

In Montreal it is sensibly abating. From an average of about 40 deaths per day by the disease, there were but 17 on the 9th, and 16 on the 10th instant.

In Quebec the disease had resumed its violence. On Wednesday, the 6th, the interments were 36, and on the following day, 32.

The White Sulphur Springs.—A letter in a recent number of the Boston Mercantile Journal, from a northern gentleman traveling in Virginia, contains the following analysis of the waters of these celebrated springs: One quart contains—carbonate of lime, 12 grs.; sulphate of magnesia, 5 grs.; sulphate of lime, 2 grs.; muriate of lime, 1 1-2 gr.; iron, 1 gr.; sulphur precipitated, 1-4 gr.—These springs are much resorted to by invalids suffering from dyspepsia, chronic rheumatism, cutaneous diseases, &c.—The temperature of the water at the Warm Springs, in the same State, is 96 degrees Fahrenheit; that of the Hot Springs, five miles from the Warm, 104 degrees—both of which are much resorted to by valetudinarians.

Smallpox Inoculation.—In England—so says Dr. Epps, director of the Royal Jennerian and London Vaccine Institution—a surgeon is punishable by indictment, not for inoculating children with smallpox, but for ordering them to be *brought for inspection*. In this Commonwealth, if not in most of the States, we have an impression that it is unlawful to inoculate with it; if it is not, however, it is time the statute books should be furnished with a paragraph or two upon the subject.

Nature of Sleep.—It is announced abroad that there is now in press, "An Inquiry into the Nature of Sleep and Death, with a view to ascertain the more immediate causes of death, and the better regulation of the means of obviating them—being the concluding part of the Experimental Inquiry into the Laws of the Functions. By A. S. W. Phillips, M.D., F.R.S."

A Manual of Therapeutics.—A work with this title is announced in England, by L. Martinet, translated from the French by Dr. Norton—which is said by a journalist to be the best elementary practice of physic now in use. Has its republication in the United States been undertaken by any of our booksellers?

Quackery.—We notice in a late paper an account of two deaths which have recently taken place—one in this State and the other in Georgia—the direct consequence of steam quackery.

Boylston Prize.—The premium of Fifty Dollars, or a Gold Medal of that value, has been awarded by the Boylston Medical Committee of Harvard University to Charles Caldwell, M.D. of Lexington, Ky., for a dissertation on the question—"Are the restrictions on the entrance of vessels into port, called Quarantine Laws, useful? If so, in what cases should they be applied?"

Dr. Kimball's interesting paper will receive early attention.

DIED—At Monticello, Miss., Dr. Horace Ames, aged 36, a native of Berlin, Ct.—In Hudson, Dr. John Talman, aged 73.

Whole number of deaths in Boston for the week ending August 16, 28. Males, 13—Females, 15.
Of cholera infantum, 1—child-bed, 1—consumption, 6—cancer, 1—suicide, 2—debility, 2—palsy, 1—chronic rheumatism, 1—teething, 2—stoppage in the bowels, 1—infantile, 2—brain fever, 1—dysentery, 2—hooping cough, 1—inflammation of the bowels, 1—diarrhœa, 1—cholera morbus, 1—convulsions, 1.

ADVERTISEMENTS.

PAXTON'S ANATOMY—VOL. II.

This day published by ALLEN & TICKNOR, corner of Washington and School Streets, An Introduction to the Study of Human Anatomy. By JAMES PAXTON, Member of the Royal College of Surgeons, &c. &c. First American Edition, with Additions by WINNLOW LEWIS, JR. M.D., Demonstrator of Anatomy to Harvard University.

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BERKSHIRE MEDICAL INSTITUTION.

The Annual Course of Lectures for 1834 will commence the last Thursday in August, and continue fourteen weeks.

H. H. CHILDS, M.D.	- - - - -	Theory and Practice of Medicine and Obstetrics.
E. BARTLETT, M.D.	- - - - -	Pathological Anatomy and Materia Medica.
C. DEWEY, M.D.	- - - - -	Botany, Chemistry and Natural Philosophy.
W. PARKER, M.D.	- - - - -	Anatomy, Surgery and Physiology.
JOHN FRISSELL, A. M.	- - - - -	Demonstrator of Anatomy.

The Trustees of the Berkshire Medical Institution, in issuing their annual Circular, believe themselves justified in promising to those young men, whose local situation or whose personal predilections may lead them to a connection with the School, a course of public instruction as thorough, efficient and practical, as can be enjoyed at any of our various medical establishments. To the branches heretofore taught, which have been the same as in other American medical schools, arrangements have been made for the addition of a Course of Lectures on Pathological Anatomy, to be illustrated by morbid specimens and by an extensive series of colored representations of diseased structures.

By legalizing the study of Anatomy, the Legislature of Massachusetts has furnished its Schools with superior advantages for Practical Anatomy. It has also, by this provision, most effectually guarded the sepulchres of the dead against all violation.

Fellows of the Massachusetts Medical Society, and those who have received the degree of M.D. are admitted gratuitously to the lectures. The degree of M.D. is conferred at the annual Commencement of the Institution, and at the Commencement of Williams College. The requisites for the degree of Doctor in Medicine are three full years study under a regular practitioner, attendance on two full Courses of Medical Lectures in regularly established Medical Institutions, an adequate knowledge of the Latin language, and a good moral character.

Fee for the whole course of lectures is \$51; those who have already attended two full courses at an incorporated Medical School, pay \$10. Graduation, \$12. Board, including room-rent, washing and lodging, \$1 75 per week.

In one week after the close of the Public Lectures, commences the winter Reading Term, which continues 12 weeks, and is devoted to Practical Anatomy, the Principles and Practice of Surgery, and Obstetrics.

Pittsfield, July 12, 1834.

S. M. McKAY, Secretary.

NOTE.—The following authors are recommended to be used by the Students during the Lecture Term: On Anatomy, C. Bell, Horner, Cloquet, and Weston.—Surgery, S. Cooper, W. Gibson, and Sir A. Cooper's Works.—Practice and Theory, Gregory, Good, Eberle, and Dewees.—Obstetrics, J. Burns, Dewees, and London Practice.—Materia Medica and Medical Jurisprudence, Beck, Chapman, and Eberle.—Chemistry, Brande, Turner, and Webster.

July 30—31

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